

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)**

Application Number Filing Date

10578850

Applicant(s) Bruno Tse

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1						51				
2	1						52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		2					65				
16		8					66				
17		1					67				
18		1					68				
19		1					69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	2		0		0						
Total Depend	25		0		0						
Total Claims	27		0		0						